

PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
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Fax (703)746-4000

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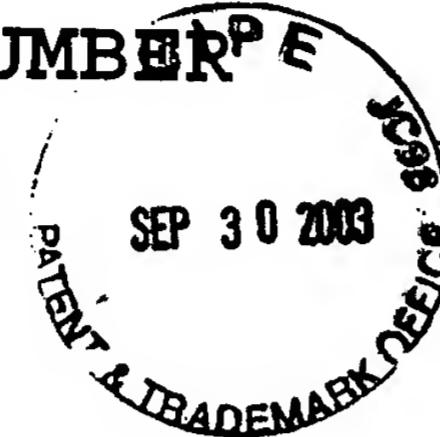
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/080,579	02/25/2002	Kazuo Funazaki	219897US3	8726

TITLE OF INVENTION: TRANSMISSION TYPE SCREEN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	10/29/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAHONEY, CHRISTOPHER E	2851	359-457000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. OBLON, SPIVAK,
2. McCLELLAND, MAIER
3. & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KURARAY CO., LTD.

Okayama, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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- Issue Fee
 Publication Fee
 Advance Order - # of Copies -0-

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(Authorized Signature)

(Date)

Hurwitz, Barbara 34,423 9-30-03
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